

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Gary J. Duarte

State Assembly, District 31

Name (print)

Office (if applicable)

336 Greenbrae Dr., Sparks, NV, 89431

District (if applicable)

Mailing Address (include city and zip code)

775.355.7503

Telephone No.

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG☐ Annual Filing - Due January 15, 2010

Period: Jan 01, 2009 - Dec 31, 2009

☒ Report #1 - Due June 01, 2010*

Period: Jan 01, 2010 - May 27, 2010

☐ Report #2 - Due October 26, 2010*

Period: May 28, 2010 - Oct 21, 2010

☐ Report #3 - Due January 15, 2011**

Period: Oct 22, 2010 - Dec 31, 2010

☐ Annual Filing - Due January 15, 2011

Period: Jan 01, 2010 - Dec 31, 2010

FILE

May 29 2010

ROSS MILLER
SECRETARY OF STATE

FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates in the 2010 election cycle

** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

| | | |
|--|-------------|------------|
| 1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet) | \$ 630.00 | \$ 630.00 |
| 2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 1 of instruction sheet) | \$ 2,300.00 | \$2,300.00 |
| 3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet) | \$ 0.00 | \$0.00 |
| 4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet) | \$ 2,930.00 | \$2,930.00 |
| 5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet) | \$ 0.00 | \$0.00 |
| 6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet) | \$ 0.00 | \$0.00 |

EXPENSES SUMMARY

| | | |
|--|-------------|------------|
| 7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet) | \$ 2,269.67 | \$2,269.67 |
| 8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet) | \$ 0.00 | \$0.00 |

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Gary J. Duarte

05/29/2010

Signature

Date

CAMPAIGN CONTRIBUTIONS

Report Period # 1

Gary J. Duarte

State Assembly, District 31

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN | NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY | NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR |
|--|---------------------------|-----------------------------|--------------------|---|--|
| Gary Duarte Duarte 336 Greenbrae Dr Sparks, NV 89431-3242 | 03/22/2010 | \$50.00 | X | Gary J Duarte 336 Greenbrae Dr Sparks, NV 89431-3242 | |
| Gary J V Enterprises PO Box 767 Verdi, NV 89439 | 03/22/2010 | \$50.00 | | | |
| James Bentin Duarte 1515 Big Smokey Drive Reno, NV 89521 | 04/07/2010 | \$250.00 | | | |
| Gary Duarte Duarte 336 Greenbrae Dr Sparks, NV 89431-3242 | 04/08/2010 | \$2,000.00 | X | Gary J Duarte 336 Greenbrae Dr Sparks, Ne 89431-3242 | |
| | 04/08/2010 | \$250.00 | | | |
| Raffaella Panelli Duarte 332 Greenbrae Dr Sparks, NV 89431-3242 | 04/23/2010 | \$25.00 | | | |
| Dick Westrup Duarte 2225 Putnam Dr Reno, NV 89502 | 05/05/2010 | \$250.00 | | | |
| Leon A Micheline Duarte 1099 E. Greenbrae Dr Sparks, NV 89431-3242 | 05/10/2010 | \$50.00 | | | |
| Jewel A Riley Duarte 1065 Broadway Blvd Reno, NV 89502 | 05/24/2010 | \$5.00 | | | |

This page may be copied or duplicated if additional space is needed.

WRITTEN COMMITMENTS

Report Period # 1

Gary J. Duarte

State Assembly, District 31

Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSES

Report Period **# 1**

Gary J. Duarte
Name (print)

State Assembly, District 31
Office (if applicable)

District (if applicable)

Expense Categories

| CATEGORIES | CODE |
|--------------------------------|------|
| Office expenses | A |
| Expenses related to volunteers | B |
| | |

| | |
|---|---|
| Expenses related to travel | C |
| Expenses related to advertising | D |
| Expenses related to paid staff | E |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | H |
| ** Goods and services provided in kind for which money would otherwise have been paid | I |
| Other miscellaneous expenses | J |

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSESReport Period **# 1****Gary J. Duarte****State Assembly, District 31**

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100**Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary**

| NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S) | CATEGORY (See Previous Page) NRS 294A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|-------------------------|---------------------------|
| GJDesktop Solutions 336 Greenbrae Dr Sparks, NV 89431-3242 | D | 04/09/2010 | \$822.56 |
| | D | 04/16/2010 | \$719.25 |
| | D | 05/11/2010 | \$419.96 |

| | | | |
|---|---|------------|----------|
| | D | 05/24/2010 | \$207.90 |
| Janice Baldwin Pact-1 Candidate Booth Candidates & Constitution 1533 Goldfield Avenue Carson City, NV 89701 | H | 05/24/2010 | \$100.00 |

This page may be copied or duplicated if additional space is needed.

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

**IN KIND CAMPAIGN
CONTRIBUTIONS**Report Period **# 1**Gary J. Duarte
Name (print)State Assembly, District 31
Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH IN KIND CONTRI- BUTION | DESCRIPTION OF EACH IN KIND CONTRIBUTION | VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT | CHECK HERE IF LOAN | NAME AND ADDRESS OF 3rd PARTY IF LOAN GUARANTEED BY 3rd PARTY | NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN |
|--------------------------------------|---|---|--|-----------------------------|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

This page may be copied or duplicated if additional space is needed.

**IN KIND
WRITTEN COMMITMENTS**

Report Period **# 1**

Gary J. Duarte
Name (print)

State Assembly, District 31
Office (if applicable)

District (if applicable)

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary**

| MADE THE IN KIND COMMITMENT | IN KIND COMMITMENT | IN KIND COMMITMENT |
|-----------------------------|-----------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

This page may be copied or duplicated if additional space is needed.

**IN KIND CAMPAIGN
EXPENSES**
Report Period **# 1**
Gary J. Duarte
Name (print)

State Assembly, District 31
Office (if applicable)

District (if applicable)

IN KIND
Expenses in Excess of \$100
Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

| ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S) | ORGANIZATION IN KIND EXPENSE | ORGANIZATION IN KIND EXPENSE | ORGANIZATION IN KIND EXPENSE |
|---|------------------------------------|------------------------------------|------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362